Community Monitoring Programme

Quarterly Community Assessment of the Socio-economic Situation in Zimbabwe:

Health and Education
April 2016

Explaining the Community Monitoring

This report is one of a series of semi-annual monitoring of social and economic conditions at community level. This community based monitoring on **Health and Education** was carried out in April 2016. The report is compiled from **249 monitoring reports** from 59 districts from all ten provinces of Zimbabwe, with an average of 4.2 reports per district.This round is the twelfth time quarterly monitoring has been done of *health and education* since 2003.These reports are not statistical sample surveys, but community assessments of the social and economic conditions in sentinel sites. They provide information on how things are changing across time or how things differ across areas. The monitoring is implemented through community based monitors to inform the work of civil society and dialogue on conditions at community level.Continuous measures including training and peer review are being implemented to improve the quality and relevance of the reports. Feedback on the report is welcomed and can be sent to communitymonitor@googlemail.com.

Key findings

"Water rationing has been introduced. The water yield from the local borehole is only six buckets per each pumping session. The borehole is now locked most of the time and each household is only allowed one bucket per day"

Monitor –Hurungwe

According to the monitor reports:

- Access to safe water fell in April 2016, reportedly due to the drought. Access to sanitation improved slightly, but peri-urban settlements had less access and were reported to be managing waste unsafely, for instance through burning. Partnerships and new community based-approaches were reported to be improving management of solid waste and provision of water and sanitation services.
- Many households are food insecure; more than half of households are relying on commercial sources of food and reliance on relief was reported in 18% of sites, the highest level since September 2009.
- Public health services with lower costs continue to be the preferred choice for treatment when people fall sick and for maternal health. Reported constraints in service availability and access related to gaps in availability of environmental health personnel, and overstretched health staff.
- The demand for public education services was reported to be high. Despite improvements in qualified teacher availability, quality of education fell, largely due to gaps infrastructure and staff motivation. Monitors reported a trend towards a growing under-regulated private education sector. Access to BEAM remained low and food insecurity was reported to be contributing to increased reported school drop-out.

This report provides further information on health, education, and food security, at community level.

The right to health and education is enshrined in the Zimbabwe Constitution (see *Box 1* below). This monitoring round examines the progress reported at community level towards the realisation of the health and education related rights. It is compiled from community reports from 249 sentinel sites in 59 districts from all provinces of Zimbabwe.

Box 1: Zimbabwe constitutional provisions on health, environments for health and education
CHAPTER 2: NATIONAL OBJECTIVES
15 Food Security: The State must (a) encourage people to grow and store adequate food; (b) secure the establishment of adequate food reserves; and (c) encourage and promote adequate and proper nutrition through mass education and other appropriate means
27 Education: (1) The State must take all practical measures to promote: (a) free and compulsory basic education for children; and (b) higher and tertiary education. (2) The State must take measures to ensure that girls are afforded the same opportunities as boys to obtain education at all levels.
28 Shelter: The State and all institutions and agencies of government at every level must take reasonable legislative and other measures, within the limits of the resources available to them, to enable every person to have access to adequate shelter.
29 Health services: (1) The State must take all practical measures to ensure the provision of basic, accessible and adequate health services throughout Zimbabwe. (2) The State must take appropriate, fair and reasonable measures to ensure that no person is refused emergency medical treatment at any health institution. (3) The State must take all preventive measures within the limits of the resources available to it, including education and public awareness programmes, against the spread of disease.
CHAPTER 4 DECLARATION OF RIGHTS
73 Environmental rights: (1) Every person has the right- (a) to an environment that is not harmful to their health or well-being; and (b) to have the environment protected for the benefit of present and future generations, through reasonable legislative and other measures that—(i) prevent pollution and ecological degradation; (ii) promote conservation; and (iii) secure ecologically sustainable development and use of natural resources while promoting economic and social development.
75 Right to education: (1) Every citizen and permanent resident of Zimbabwe has a right to— (a) a basic State-funded education, including adult basic education; and (b) further education, which the State, through reasonable legislative and other measures, must make progressively available and accessible. (2) Every person has the right to establish and maintain, at their own expense, independent educational institutions of reasonable standards, provided they do not discriminate on any ground prohibited by this Constitution.
76 Right to health care: (1) Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services. (2) Every person living with a chronic illness has the right to have access to basic healthcare services for the illness.
(3) No person may be refused emergency medical treatment in any health-care institution. 47
77 Right to food and water: Every person has the right to—(a) safe, clean and potable water; and (b) sufficient food;
Source: Government of Zimbabwe (2013)

Healthy environments

"Water rationing has been introduced. The water yield from the local borehole is only six buckets per each pumping session. The borehole is now locked most of the time and each household is only allowed one bucket per day"

Monitor –Hurungwe

Access to safe water prevents water borne diseases. The World Health Organisation (WHO) recommends that a safe water source should be within 500 metres. Despite an improving trend in access to safe water since March 2011, in April 2016, access was reported to have fallen. The share of sites reporting more than three quarters of households with access fell by 15 percentage points from 50% in October 2015 to 35% in April 2016 (*Table 1*). March and April are just after the rains and the water table, dams and wells are anticipated to be at their peak levels. With about 18% of sites reporting less than half of households with access to safe water within 500m in April 2016, the situation is expected to worsen with the dry season. Monitors reported water rationing in rural areas, with households in about 25% of sites travelling more than 6km to access water and more time spent each day accessing water in these areas, reducing time for production activities.

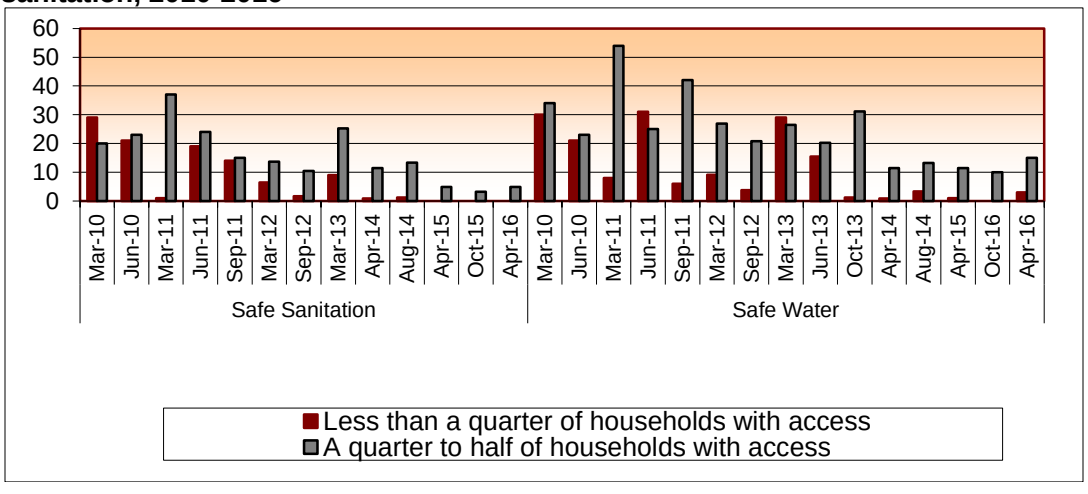
In about a third of rural sites, monitors reported that domesticated animals (cattle, goats, and sheep) were affected by drought, with some households selling them to minimise losses. Households may thus be getting into a vicious cycle of poverty induced by the drought, with households selling cattle having challenges with draught power for agriculture which in turn results in low yields and incomes to support health, education and other key social services.

Table 1: Reported availability of safe water within 500 metres

Province	Share of sites with access to safe water within 500 meters			
	less than a quarter	Quarter to half	Half to three Quarters	Above three quarters
Bulawayo	0	0	3	97
Harare	0	0	21	79
Manicaland	4	9	57	30
Mashonaland Central	4	7	44	44
Mashonaland East	0	4	74	22
Mashonaland West	4	16	44	36
Masvingo	5	7	68	20
Matabeleland North	5	19	48	29
Matabeleland South	5	19	52	24
Midlands	0	30	67	4
Total April 2016	**3**	**15**	**47**	**35**
Total Oct 2015	**0**	**10**	**40**	**50**
Total April 2015	**1**	**11**	**48**	**40**
Total Aug 2014	**1**	**13**	**34**	**51**
Total April 2014	**1**	**11**	**45**	**42**
Total March 2013	**4**	**21**	**38**	**38**
Total March 2012	**9**	**27**	**34**	**30**
Total March 2011	**8**	**54**	**20**	**18**
Total June 2010	**21**	**23**	**13**	**35**

The government and development partners are reported to have drilled boreholes in both rural and urban areas to improve access to safe water. However, about 40% of these boreholes were reported to have low water yields. Monitors reported that was more use of appropriate energy solutions in rural areas through installation of solar pumps by development partners largely in Matabeleland North, Masvingo and Mashonaland Central. Some households were also reported to be investing in these solutions from their own resources.

Figure 1: Percent of sites with half or less households accessing safe water and sanitation, 2010-2016



Access to safe water was reported to be higher in provinces with predominantly urban sites (Bulawayo, Harare). In Harare and Bulawayo, access was reported to have become more predictable, despite other areas having no water for an average three days per week. Large urban areas were reported to be struggling to provide safe water to growing peri-urban formal and informal settlements

"Despite the hardships, the Council and business community is working together to reduce water leakages in the town. The Business Association has been donating pipes for repairing pipes that are leaking as well as sewage pipes".- Monitor, Mutoko

Access to sanitation was reported to have risen marginally after August 2014, although 44% of sites still reported less than three quarters of households with a toilet (*Table 2*). Access to safe sanitation was reported to be higher in urban than rural sites. Monitors reported that in some rural districts, traditional leaders (chiefs and headman, village heads) have been encouraging all residents to build toilets for each homestead.

Table 2: Reported access to safe (unshared) toilet 2010-2016

Province	Share of sites reporting on access to safe (unshared) toilet			
	less than a quarter	a quarter to Half	Half to three quarters	Above three quarters
Bulawayo	0	0	3	97
Harare	0	0	17	83
Manicaland	0	14	34	52
Mashonaland Central	0	3	38	59
Mashonaland East	0	0	39	61
Mashonaland West	0	8	36	56
Masvingo	0	5	56	38
Matabeleland North	0	0	56	44
Matabeleland South	0	13	58	29
Midlands	0	8	52	40
Total April 2016	**0**	**5**	**36**	**59**
Total Oct 2015	**0**	**3**	**50**	**47**
Total April 2015	**0**	**5**	**39**	**56**
Total Aug 2014	**0**	**13**	**40**	**47**
Total April 2014	**0**	**5**	**39**	**56**
Total March 2013	**2**	**10**	**43**	**45**
Total March 2012	**6**	**14**	**45**	**35**
Total March 2011	**1**	**37**	**42**	**21**
Total March 2010	**29**	**20**	**29**	**22**

Local authority refuse collection remained the main means of **waste disposal** in urban sites. The levels of collection improved slightly in April 2016 compared to April 2015. In rural areas between half and three quarters of sites reported use of pits inside yards as the main means of household solid waste disposal (*Table 3*).

Households in peri-urban formal and informal settlements with no serviced roads in Harare and Gweru were reported to be burning waste, including plastics, creating environmental and health hazards.

Table 3: Share of sites reporting main functioning means of waste disposal

Province	Percent of sites reporting on major refuse disposal methods			
	Local authority refuse collection	Pit inside yard	Bury inside yard	Other
Bulawayo	93	0	0	7
Harare	83	4	0	13
Manicaland	22	61	13	4
Mashonaland Central	19	70	7	4
Mashonaland East	22	65	4	9
Mashonaland West	40	48	8	4
Masvingo	18	71	4	7
Matabeleland North	19	71	5	5
Matabeleland South	24	67	5	5
Midlands	22	63	7	7
Total April 2016	**37**	**51**	**5**	**6**
Total April 2015	**35**	**59**	**5**	**1**
Total April 2014	**39**	**55**	**5**	**2**
Total March 2013	**30**	**54**	**10**	**6**
Total March 2012	**28**	**61**	**3**	**3**
Total March 2011	**23**	**63**	**5**	**0**
Total March 2010	**22**	**53**	**7**	**2**
Total March 2009	**15**	**55**	**25**	**5**

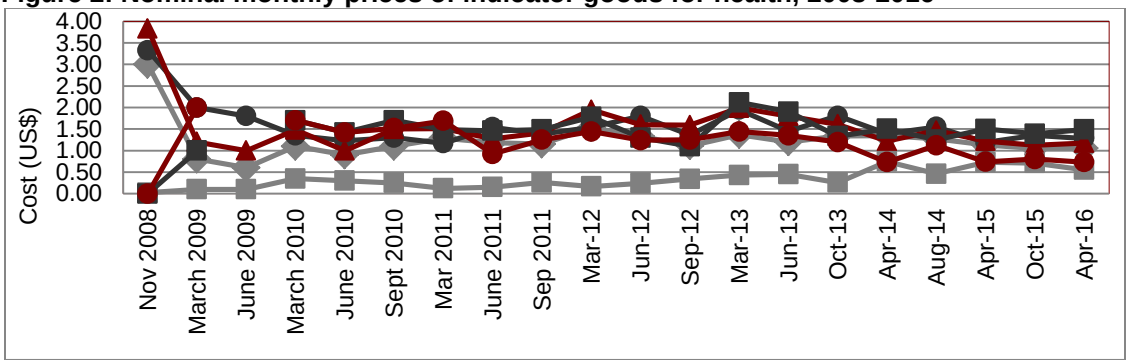
"The city needs to scale up community based management of solid waste. It provides households with jobs and also helps in letting people know about the dangers of not throwing waste anywhere. Our streets are much cleaner now! - Monitor, Bulawayo

Prices of a selection of food, personal hygiene and medicines identified as important for health were also monitored. Compared to October 2015, the aggregate price of six monitored items in shops fell by two percent. The prices of three of the six monitored items fell in April 2016, and increased for the other three items. The highest fall in price was recorded for male condoms, largely as a result of increased availability of a subsidised brand. The highest increase was recorded in the price of sanitary pads (*Figure 2*).

Box 2: Zimbabwe Inflation Statistics, April 2016
CPI: All Items Index 96.60, Food and Non Alcoholic Beverages Index 91.14, Non Food Index 99.35
Inflation: Y O Y -1.64%, M O M -0.21%
Poverty Datum Lines: Food Per capita $30.55, Food Per 5 Persons $152.75, Total Per Capita $96.12, Total Per 5 persons $480.61
Source: ZIMSTAT, 2016

The general fall of prices between April 2015 and April 2016 reflects deflationary trends in the economy (see *Box 2*). In the community monitoring round in October 2015, monitors also reported that worsening job security meant that households had less money to spend.

Figure 2: Nominal monthly prices of indicator goods for health, 2008-2016

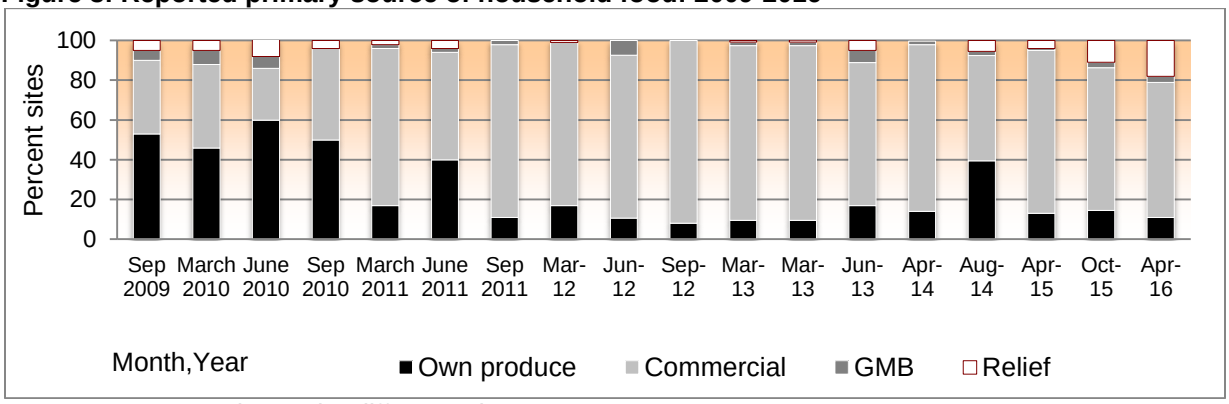


Food security

This is the worst year in our district. Almost all households harvested nothing after spending a lot of money to grow food crops this season. Our only hope is from food relief from the government: - Monitor, Bulilima

Food is a key determinant of health. Although commercial sources were reported to be the main source of food (68% of sites) , the share of sites reporting relief as the main source (at 11% of sites) is the highest reported level since September 2009 (see *Figure 3*).

Figure 3: Reported primary source of household food: 2009-2016



**Non responses make up the difference in percentages*

The levels of **maize planting** in the 2015-16 season were reported to have largely remained unchanged compared to the prior season. However in April 2016, yields were reported to be lowest since 2010 with more than half (52%) of sites reporting *"poor"* and *"no"* yields (See *Table 4*).

Table 4: Reported Maize production and yields

Province	Share of households planting maize			Yields			
	Many	Few	None	Good	Average	Poor	None
Bulawayo	33	40	27	3	37	40	20
Harare	13	54	33	8	38	29	25
Manicaland	78	22	0	17	26	39	17
Mashonaland Central	81	19	0	11	37	26	26
Mashonaland East	83	17	0	30	30	26	13
Mashonaland west	58	29	13	12	36	36	16
Masvingo	71	29	0	18	25	36	21
Matabeleland North	81	19	0	5	48	29	19
Matabeleland South	76	24	0	10	48	29	14
Midlands	74	26	0	4	37	41	19
Total April 2016	**64**	**28**	**8**	**12**	**36**	**33**	**19**
Total April 2015	**70**	**29**	**1**	**29**	**26**	**45**	**0**
Total April 2014	**68**	**30**	**2**	**56**	**40**	**5**	**0**
Total March 2013	**68**	**32**	**0**	**6**	**39**	**53**	**2**
Total March 2012	**77**	**21**	**2**	**8**	**42**	**48**	**2**
Total March 2010- F	**41**	**54**	**5**	**16**	**43**	**33**	**9**
Total March 2010- M	**50**	**42**	**8**	**16**	**44**	**29**	**10**

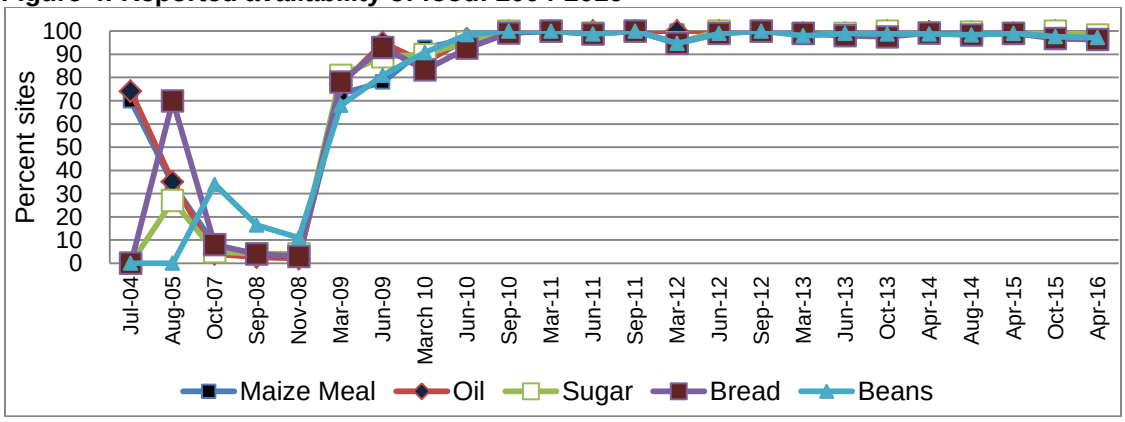
Poor yields were mainly reported to be a result of drought. Crops were reported to have wilted and died in rural sites. In about 8% of sites, monitors reported that they could not access irrigation infrastructure despite dams having water. This may need further mapping and investigation to understand the distribution and reasons for the under-utilised resources. Since 2015, the government of Zimbabwe has been capacitating some local small scale farmers with irrigation equipment sourced from Brazil on credit.

"Agriculture is meaningless without irrigation. People wasted their time and money. The rains were erratic and we don't even have water for animals to drink here. The government should ensure that every district has an irrigation scheme to deal with this problem"

Monitor, Rushinga

There was almost universal **availability of basic foods** (maize meal, oil, sugar, bread and beans**)** in April 2016. Monitors reported that at least 60% of these basic items (oil, beans and sugar) in the shelves include those that are locally produced.

Figure 4: Reported availability of food: 2004-2016



Availability of food is only a first step in food security. Cost of food and household incomes determine **affordability** of food. With most households relying on commercial sources of food in April 2016 due to poor harvests, affordability is a key issue. The cost of a 10kg bag of maize meal appears to have stabilised at about $7.00 (*Table 5*). However, the cost of a 20kg bucket of maize grain was reported to have increased to $8.12 in April 2016.

Overall food security was relatively low. Only 2% of households reported having **food stocks** that last more than four months in April 2016 (*Table 6, Figure 5*).There is a high share of sites reporting households with no food stocks in April 2016 (58%). This suggests the need to scale up food security measures, to improve food security through irrigation infrastructure, agriculture support, market access, provision of credit and inputs as well as appropriate farming technologies, and in the immediate to ensure adequate relief supplies.

Table 5: Reported Maize meal price

Province	Average cost of a 10kg bag (US$)
Bulawayo	6.47
Harare	6.03
Manicaland	6.52
Mashonaland Central	6.90
Mashonaland East	6.83
Mashonaland West	6.88
Masvingo	7.07
Matabeleland North	7.00
Matabeleland South	6.95
Midlands	7.04
Total April 2016	**6.77**
Total April 2015	**6.97**
Total April 2014	**7.00**
Total October 2013	**7.56**
Total March 2013	**7.09**
Total March 2012	**6.29**
Total March 2011	**5.90**
Total March 2010	**5.41**
Total March 2009	**5.11**

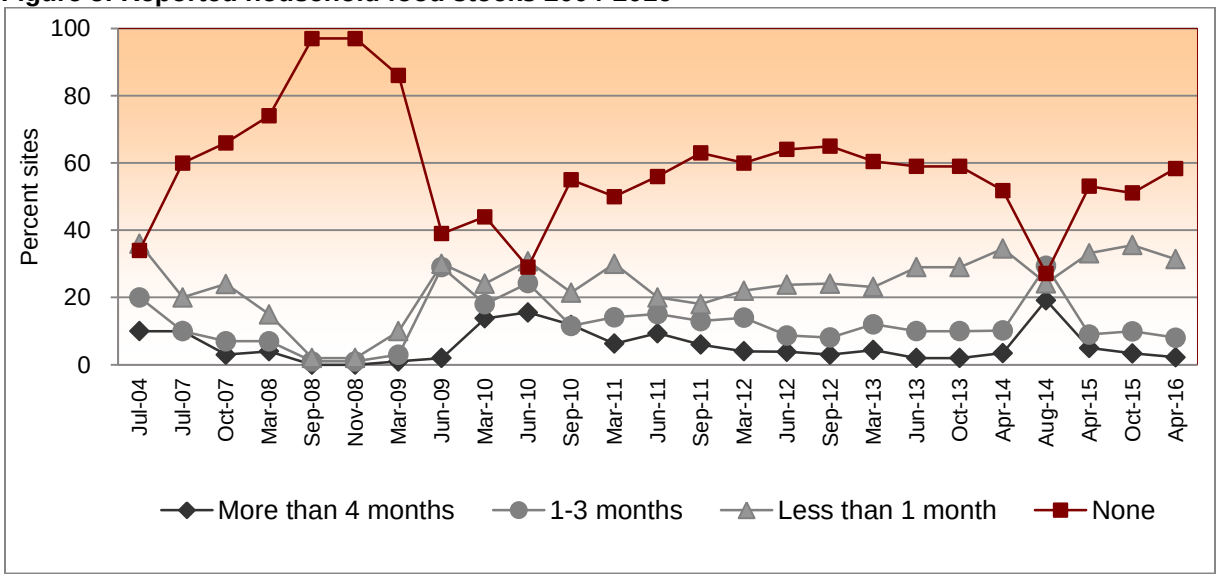
"We really have very poor families in our area. Government is focusing on those in rural areas but we now have many poor families in the urban area too. Without food support children in these families will be malnourished and can die from other nutrition related diseases":- Monitor, Harare

Urban agriculture was reported to have improved food security in some urban areas. In Harare for instance, monitors reported that some urban farmers are harvesting enough maize grain for their local consumption for the whole year. Large urban areas appear to receive more rain than adjacent rural areas. This suggests that urban local authorities could plan for and provide land for urban agriculture to improve urban food security.

Table 6: Share of sites reporting level of food stocks

Province	> 4 months	1-3 months	< 1 month	None
Bulawayo	2	10	53	36
Harare	2	8	57	33
Manicaland	4	9	26	62
Mashonaland Central	3	9	28	60
Mashonaland East	3	6	21	70
Mashonaland West	2	8	26	63
Masvingo	2	8	22	68
Matabeleland North	2	8	21	69
Matabeleland South	2	8	27	63
Midlands	1	5	29	65
Total April 2016	**2**	**8**	**31**	**58**
Total April 2015	**5**	**9**	**33**	**53**
Total April 2014	**3**	**10**	**35**	**52**
Total March 2013	**4**	**12**	**23**	**60**
Total March 2012	**4**	**14**	**22**	**60**
Total March 2011	**6**	**14**	**30**	**50**
Total March 2010	**14**	**18**	**24**	**44**
Total March 2009	**1**	**3**	**10**	**86**
Total March 2008	**4**	**7**	**15**	**74**
Total July 2007	**10**	**10**	**20**	**60**
Total July 2004	**10**	**20**	**36**	**34**

Figure 5: Reported household food stocks 2004-2016



Health care

The 2013 constitution provides in Section 76 for the right to health care (see *Box 1*). The monitoring assessed availability of facilities, medicines and health workers as well as services for prevention and management of HIV.

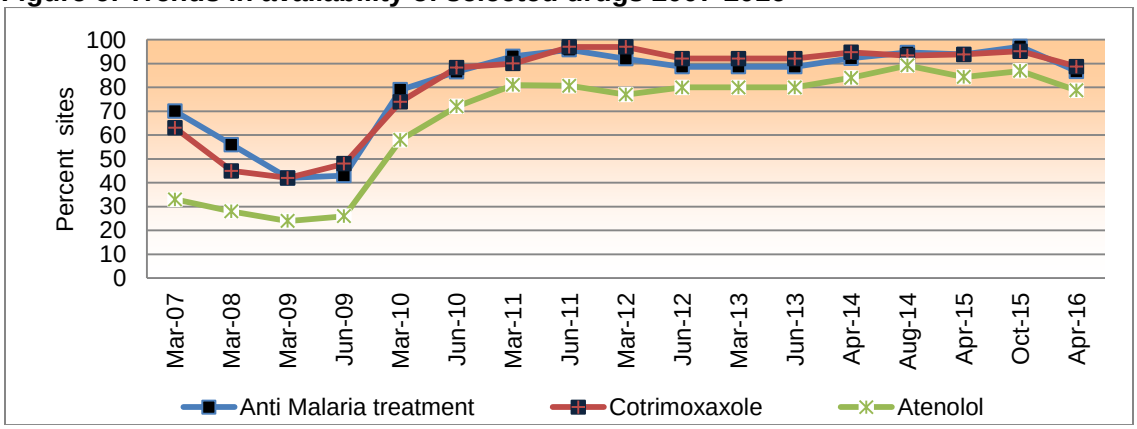
"Our Village Health Worker is helping us. We get our malaria tablets from our ward easily. Mothers are also having their children weighed and monitored regularly. We can now spend time in our fields than having to go to the clinic every time for these services:- Monitor, Muzarabani.

Table 7: Reported availability of selected medicines

Year	No of sites	% sites reporting availability of		
		Antimalarial treatment	Cotri-moxale	Atenolol
Total April 2016	**249**	**87**	**89**	**79**
Total Oct 2015	**249**	**97**	**95**	**87**
Total April 2015	**248**	**94**	**94**	**84**
Total Aug 2014	**241**	**95**	**93**	**89**
Total April 2014	**244**	**92**	**95**	**84**
Total March 2013	**240**	**89**	**92**	**80**
Total March 2012	**239**	**92**	**97**	**77**
Total March 2011	**237**	**93**	**90**	**81**
Total March 2010	**240**	**79**	**74**	**58**
Total March 2009	**182**	**42**	**42**	**24**
Total March 2008	**185**	**56**	**45**	**28**
Total March 2007	**160**	**70**	**63**	**33**

The monitored **medicines** (antimalarial, cotrimoxazole, an antibiotic and atenolol used in the treatment of hypertension) are expected to be available at clinic level. The monitors reports indicated that although they are largely available, their availability had fallen in April 2016 compared to October 2015 (*Figure 6, Table 7*). The availability of atenolol (available in 79% of sites) was the lowest of these indicator medicines. As this is for a chronic condition it can raise significant costs for households to access it privately or in district hospitals, when it is not available in their primary care centres. Chronic disease registers were reported to be present in 79% of the sites. Village Health Workers were reported by monitors in some districts to be improving access to treatment and as growth monitoring of children.

Figure 6: Trends in availability of selected drugs 2007-2016



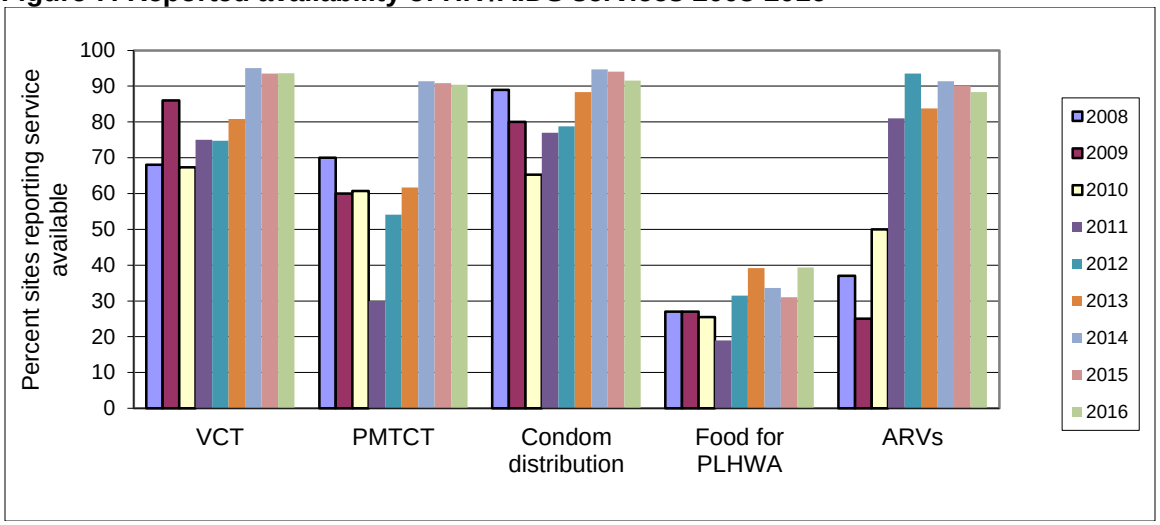
The **health workforce** reported in April 2016 largely remained at similar levels to April 2015 (*Table 8*). There were still lower levels of reported availability of environmental health technicians than nurses; and EHT availability was reported to be lowest in April 2016 since March 2011. Monitors however report that in most primary care facilities, the nurses are overstretched and work longer shift, despite the growing health needs from emerging chronic diseases like diabetes, hypertension and others.

Table 8: Share of sites reporting changes in number of qualified health workers

Province	No of sites	Percent sites reporting qualified health workers as			Local Health centre has a nurse	Local Health centre has an EHT
		The same	Increased	Decreased		
Bulawayo	30	83	3	13	97	73
Harare	24	63	29	8	100	71
Manicaland	23	78	13	9	91	74
Mashonaland Central	27	70	22	7	93	81
Mashonaland East	23	70	22	9	96	74
Mashonaland West	25	64	24	12	100	76
Masvingo	28	64	21	14	93	75
Matabeleland North	21	76	14	10	100	71
Matabeleland South	21	67	19	14	95	76
Midlands	27	74	15	11	89	74
Total April 2016	**249**	**71**	**18**	**11**	**95**	**75**
Total April 2015	**248**	**76**	**20**	**5**	**96**	**82**
Total April 2014	**244**	**77**	**18**	**5**	**96**	**85**
Total March 2013	**240**	**91**	**6**	**3**	**95**	**76**
Total March 2012	**239**	**50**	**38**	**12**	**96**	**80**
Total March 2011	**237**	**57**	**40**	**4**	**96**	**85**
Total March 2010	**240**	**42**	**41**	**17**	**89**	**63**
Total March 2009	**182**	**70**	**2**	**28**	**92**	**74**

Voluntary Counselling and Testing (VCT), condom distribution and distribution of ARVs was reported to be available in most of the sites (above 80%) (see *Figure 7*). Monitors reported that the decentralisation of distribution of ARVs was helping in improing access, although supplies of these ARVs were reported to be erratic in a third of the sites. In these sites, those on treatment were being given a supply for a month.Therapeutic feeding for people living with HIV was reported to have slighlty improved in April 2016 (39% of sites). It will be important to investigate the organisations that are providing this and the groups covered in future monitoring rounds.

Figure 7: Reported availability of HIV/AIDS services 2008-2016



PLWHA = People Living with HIV/AIDS, VCT= Voluntary Counselling and Testing, PMTCT= Prevention of Mother to Child Transmission

Geographical access is an important step in health services access. It was reported to have largely remained unchanged in April 2016 compared to April 2015.

Urban sites report shorter distances to access services than rural. Monitors reported distances/ physical access barriers to be higher in rural sites, in new peri-urban suburbs and in areas where damaged road infrastructures.

During the rainy season we are sometimes forced to use the clinic in the next ward which is about 16km away. Our nearby clinic will not be accessible as the bridge that connects us was damaged and has not been repaired- Monitor, Chipinge

Table 9: Distance to a health facility with staff and medicines

Province	No of sites	% sites reporting distance to health facility (km)		
		0-5 km	6-15 km	>15 km
Bulawayo	30	90	10	0
Harare	24	83	17	0
Manicaland	23	35	61	4
Mashonaland Central	27	48	44	7
Mashonaland East	23	48	48	4
Mashonaland West	25	36	64	0
Masvingo	28	29	68	4
Matabeleland North	21	24	67	10
Matabeleland South	21	38	52	10
Midlands	27	33	63	4
Total April 2016	**249**	**47**	**49**	**4**
Total April 2015	**248**	**48**	**47**	**5**
Total April 2014	**244**	**55**	**43**	**2**
Total March 2013	**240**	**58**	**36**	**7**
Total March 2012	**239**	**59**	**34**	**7**
Total March 2011	**237**	**58**	**40**	**2**
Total March 2010	**240**	**48**	**29**	**22**
Total March 2009	**182**	**54**	**27**	**19**
Total March 2008	**185**	**55**	**27**	**18**
Total March 2007	**160**	**62**	**24**	**14**
Total March 2005	**151**	**58**	**32**	**10**

Financial access was also monitored. Clinic fees were reported by sites to range from US$1.00 to US$5.00 for consultation and services depending on services sought and age of patient in most public clinics. In urban areas, monitors reported that private clinics were charging an average of $20 for consultation fees only. The costs of anti-malarial treatment and cotrimoxazole fell slightly while the cost of atenolol rose slightly (*Table 10*)

Table 10: Reported costs of selected medicines				
Province	**No of sites**	**Average cost for a course/month (US$)**		
		Antimalarial treatment	**Cotrimo-xazole**	**Atenolol**
Total April 2016	**249**	**2.44**	**3.57**	**4.41**
Total April 2015	**248**	**2.50**	**3.60**	**4.10**
Total April 2014	**244**	**2.48**	**3.47**	**4.04**
Total March 2013	**240**	**2.94**	**3.47**	**3.68**
Total March 2012	**239**	**2.87**	**3.23**	**3.56**
Total March 2011	**237**	**3.63**	**4.98**	**7.54**
Total March 2010	**240**	**4.62**	**6.03**	**4.54**
Total March 2009	**182**	**3.70**	**3.70**	**3.30**

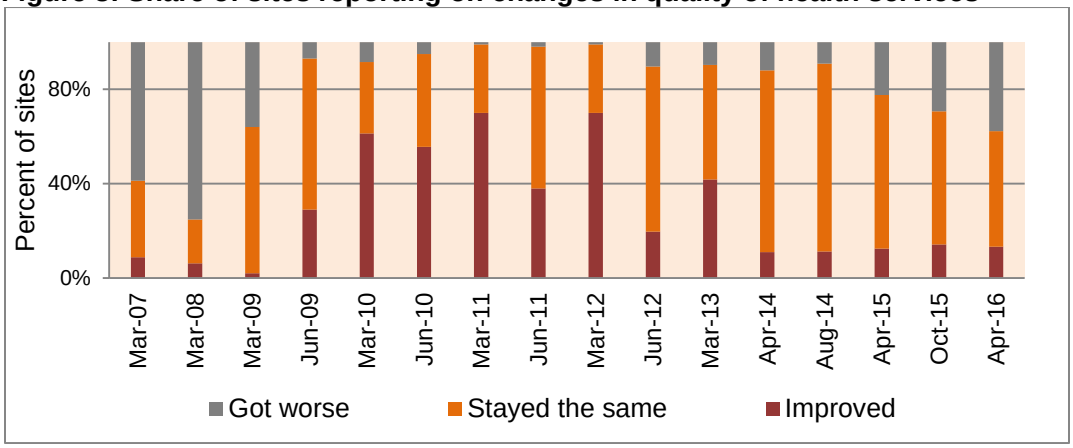
In relation to **service uptake**, nearly three quarters (72%) reported that people prefer to use public clinics when they fall ill, higher than levels reported in April 2015 while the use of private clinics fell (see *Table 11*). Nearly two fifths (38%) of sites reported that health services got a bit worse, the highest percentage since March 2009 (*Figure 8*).

Monitors reported that with lower incomes most people are using public clinics even in urban areas, putting pressure on the facilities given staff levels and lack of infrastructure (eg no water in 8% of sites). Monitors reported improvements in communication and dialogue with the clinic staff, improved integration of services and improved maternal and child care services.

Table 11: Share of sites reporting preferred facility used when people fall ill						
Province	**No of sites**	**Percent of sites reporting response**				
		Public Hospital	**Public Clinic**	**Private Clinic**	**Home**	**Other***
Bulawayo	30	7	67	29	7	0
Harare	24	13	58	13	0	0
Manicaland	23	26	61	0	0	0
Mashonaland Central	27	15	85	9	0	0
Mashonaland East	23	17	74	16	0	0
Mashonaland West	25	12	68	7	4	0
Masvingo	28	21	71	5	0	0
Matabeleland North	21	19	76	10	0	0
Matabeleland South	21	19	71	4	0	0
Midlands	27	11	85	11	0	0
Total April 2016	**249**	**16**	**72**	**11**	**1**	**0**
Total April 2015	**248**	**17**	**69**	**13**	**1**	**0**
Total April 2014	**244**	**13**	**76**	**10**	**1**	**0**
Total March 2013	**240**	**13**	**73**	**10**	**5**	**0**
Total March 2012	**239**	**13**	**78**	**8**	**1**	**0**
Total March 2011	**237**	**9**	**85**	**3**	**3**	**0**
Total March 2010	**240**	**25**	**61**	**6**	**6**	**2**
Total March 2009	**182**	**17**	**67**	**11**	**3**	**2**
Total March 2008	**185**	**21**	**73**	**0**	**4**	**2**
Total March 2007	**160**	**22**	**71**	**0**	**4**	**3**
Total March 2006	**151**	**28**	**72**	**0**	**0**	**0**

"Workers who were retrenched are no longer on medical aid and are now using the council clinics. The local authority needs to increase the staff to that the queues are not long and people can access the services better:- Monitor, Bulawayo

Figure 8: Share of sites reporting on changes in quality of health services



People also reported to prefer to deliver babies at public clinics and public hospitals, with very low use of private services, except in urban sites (*Table 12*). These reported preferences have remained relatively unchanged since 2011.

Table 12: Share of sites reporting preferred facility used for delivery of babies

Province	No of sites	Percent sites reporting choice of place of delivery as					
		Home	Public Clinic	Private Clinic	Public Hospital	Private Hospital	Other
Bulawayo	30	0	57	13	23	7	0
Harare	24	0	54	13	21	13	0
Manicaland	23	0	65	4	30	0	0
Mashonaland Central	27	0	52	7	41	0	0
Mashonaland East	23	0	65	4	26	4	0
Mashonaland West	25	0	76	0	20	4	0
Masvingo	28	0	75	7	18	0	0
Matabeleland North	21	0	62	0	38	0	0
Matabeleland South	21	0	67	0	33	0	0
Midlands	27	0	67	7	15	11	0
Total April 2016	**249**	**0**	**64**	**6**	**26**	**4**	**0**
Total April 2015	248	**0**	**66**	**5**	**27**	**2**	**0**
Total April 2014	**244**	**0**	**67**	**4**	**26**	**2**	**0**
Total March 2013	**240**	**0**	**65**	**6**	**29**	**0**	**0**
Total March 2012	**239**	**0**	**70**	**4**	**25**	**0**	**0**
Total March 2011	**237**	**6**	**73**	**3**	**18**	**1**	**0**
Total March 2010	**240**	**9**	**43**	**3**	**41**	**3**	**2**

Education

The 2013 Zimbabwe Constitution provides for the state to “take all practical measures to promote (a) free and compulsory basic education for children; and (b) higher and tertiary education (see *Box 1*)

The reported level of **qualified teachers** in April 2016 was reported to have slightly improved in April 2016, with the percentage of sites reporting an increase in qualified teachers having increased by three percentage points from 22% in April 2015 to 25% in April 2016 (*Table 13*). Monitors reported that the Public Service Commission staff monitoring programme has resulted in qualified teachers who were on leave taking up their posts in schools.

Table 13: Share of sites reporting changes in the number of qualified teachers				
Province	**No of sites**	**Percent of sites reporting that the number of qualified teachers**		
		Stayed the same	**Rose**	**Fell**
Bulawayo	30	77	17	7
Harare	24	71	29	0
Manicaland	23	78	17	4
Mashonaland Central	27	59	37	4
Mashonaland East	23	65	30	4
Mashonaland west	25	60	32	8
Masvingo	28	79	14	7
Matabeleland North	21	62	33	5
Matabeleland South	21	71	24	5
Midlands	27	78	19	4
Total April 2016	**249**	**70**	**25**	**5**
Total April 2015	**248**	**69**	**22**	**8**
Total April 2014	**244**	**75**	**21**	**3**
Total March 2013	**240**	**76**	**15**	**10**
Total March 2012	**239**	**63**	**31**	**6**
Total March 2011	**237**	**26**	**67**	**7**
Total March 2010	**240**	**46**	**37**	**17**
Total March 2009	**182**	**12**	**27**	**62**
Total March 2008	**185**	**8**	**30**	**61**
Total March 2007	**160**	**15**	**42**	**43**

The Ministry of Education issued a directive prohibiting payment of incentives to teachers in primary and secondary schools. No government school was reported to be paying these cash incentives officially. About 20% of sites reported that teachers in schools were not motivated enough to provide quality teaching services contributing to worsening quality of services in schools.

Monitors in urban areas reported that class-pupil ratios had increased to an average of 60 pupils per class, owing to increased demand for cheaper school services offered by the public schools.

"People have no money and we can only afford public schools" Monitor- Gweru

Table 14: Reported Access to BEAM Funds		
Province	**No of sites**	**% sites reporting difficulties in accessing BEAM**
Bulawayo	30	87
Harare	24	92
Manicaland	23	96
Mashonaland Central	27	93
Mashonaland East	23	91
Mashonaland west	25	88
Masvingo	28	89
Matabeleland North	21	90
Matabeleland South	21	95
Midlands	27	89
Total April 2016	**249**	**91**
Total April 2015	**248**	**97**
Total April 2014	**244**	**100**
Total March 2013	**240**	**98**
Total March 2012	**239**	**92**
Total March 2011	**237**	**72**
Total March 2010	**240**	**69**
Total March 2009	**182**	**72**
Total March 2008	**188**	**71**
Total July 2007	**160**	**72**

The Basic Education Assistance Module (BEAM) is one form of social protection provided by government to protect access to school for orphans and vulnerable children in rural and urban areas. It is administered by the Ministry of Labour and Social Services with the Ministry of Education, Sport, Arts and Culture. It assists vulnerable children with the payment of levies, tuition and examination fees.

With school fees and levies ranging from $20 to $250 in public schools, monitors reported a high demand for BEAM, with the funds inadequate to meet this demand. Nearly all sites (91%) reported difficulties in accessing BEAM (*Table 14*). Monitors in 13% of sites reported that children whose fees were paid by BEAM were being sent away from schools due to delays in timely disbursement of the funds.

The **quality of schooling** was reported to have slightly worsened in April 2016 compared to the previous year (Table 15) with school infrastructure reported to be needing refurbishment as well as adding new structures in nearly half (49%) of sites.

"Children are using an old farm house as a school and the headmaster stays 5km away from the school. Government should build a proper school in the new resettlement area" Monitor-Shamva.

Private schools were reported to be sprouting in both rural and urban areas. In urban areas, monitors reported that most of these schools are located in residential areas and do not have enough sanitation facilities to cater for the number of pupils attending them. In some instances, these schools are only for extra lessons and examination classes. Monitors reported that this is being driven by cost, as these schools are cheaper, but that they also expose children to unregulated settings. This needs further investigation and suggests that monitoring of private schools be improved to ensure that they are registered and meet required standards. Cost was reported to be a major barrier to access to education. All sites reported that both female and male headed households were struggling to pay secondary school fees (*Table 16*). Cash payments for levies, private incentives through extra/revision lessons were also adding to costs. This suggests that social protection mechanisms, including through resourcing BEAM, should be strengthened.

Table 15: Reported changes in quality of schooling

	No of sites	Percent sites reporting that quality of schooling has				
		Improved a lot	improved a bit	The same	Got a bit worse	Got much worse
Bulawayo	30	3	43	47	3	3
Harare	24	4	29	58	8	0
Manicaland	23	0	26	70	0	4
Mashonaland Central	27	0	22	63	15	0
Mashonaland East	23	0	35	57	9	0
Mashonaland west	25	0	36	56	8	0
Masvingo	28	0	32	57	11	0
Matabeleland North	21	0	29	62	10	0
Matabeleland South	21	0	43	57	0	0
Midlands	27	0	30	63	7	0
Total April 2016	**249**	**1**	**33**	**59**	**7**	**1**
Total April 2015	**248**	**4**	**30**	**61**	**6**	**0**
Total April 2014	**241**	**1**	**34**	**56**	**9**	**0**
Total March 2013	**244**	**0**	**32**	**65**	**3**	**0**
Total March 2012	**240**	**0**	**38**	**53**	**9**	**0**
Total March 2011	**239**	**6**	**69**	**20**	**4**	**1**
Total March 2010	**237**	**4**	**76**	**14**	**6**	**0**
Total March 2009	**240**	**14**	**52**	**26**	**6**	**3**

Table 16: Reported ability to pay for secondary schooling by gender

Province	No of sites	% sites reporting on ability to pay for secondary education							
		Women				Men			
		All	Some	Few	None	All	Some	Few	None
Total April 2016	**249**	**1**	**81**	**18**	**0**	**1**	**86**	**13**	**0**
Total April 2015	**248**	**1**	**89**	**10**	**0**	**1**	**78**	**21**	**0**
Total April 2014	**244**	**0**	**90**	**8**	**0**	**0**	**91**	**9**	**0**
Total March 2013	**240**	**0**	**62**	**38**	**0**	**3**	**75**	**23**	**0**
Total March 2012	**239**	**0**	**67**	**33**	**0**	**3**	**73**	**25**	**0**
Total March 2011	**237**	**0**	**24**	**76**	**0**	**1**	**55**	**43**	**1**
Total March 2010	**240**	**0**	**36**	**63**	**0**	**4**	**48**	**42**	**5**

Box 3: BEAM selection Criteria

- In every ward the Councilor, working together with the community Child Protection Committee (CPC) convenes a meeting of households in the primary school catchment's area to elect CSC members. The meeting receives nominations of potential beneficiaries for primary, secondary and special schools based on the OVC Village Register.
- The CSC considers submissions from the community and selects the neediest children.
- The final list of beneficiaries is submitted to the District Education Officer and the District Social Welfare Officer for joint verification against the school budget.
- The DEO sends the list to the Ministry of Labour and Social Services BEAM Project Management Unit.
- She/he also sends copes to the local authority and the Regional Director of Education.
- The same list of beneficiaries is kept at the school. The CSC advises the CPC and the community about the selected children.

Source: Nyatsanza et al (2014)

School dropout rates for both boys and girls were reported to have increased slightly in April 2016 compared to April 2015 (*Table 16*). In about 13% of sites, drop outs were reported to be a result of the drought, with households giving priority to buying food over paying school fees and levies. More girls were reported to be dropping out of school than boys. The government school feeding programme in urban and rural schools being introduced is a welcome development. Its implementation and coverage will be monitored in future rounds.

Table 16: Reported share of children dropping out of school

Province	No of sites	Percent of sites reporting on school drop outs					
		BOYS			GIRLS		
		Many	Some/Few	None	Many	Some/few	None
Bulawayo	30	0	37	63	0	47	53
Harare	24	0	42	58	0	54	46
Manicaland	23	0	61	39	0	74	26
Mashonaland Central	27	0	63	37	0	78	22
Mashonaland East	23	0	39	61	0	57	43
Mashonaland west	25	0	72	28	0	80	20
Masvingo	28	0	75	25	0	82	18
Matabeleland North	21	0	43	57	0	48	52
Matabeleland South	21	0	57	43	0	67	33
Midlands	27	0	44	56	0	44	56
Total April 2016	**249**	**0**	**53**	**47**	**0**	**63**	**37**
Total April 2015	**248**	**0**	**51**	**49**	**0**	**60**	**40**
Total April 2014	**244**	**0**	**52**	**48**	**0**	**62**	**37**
Total March 2013	**240**	**0**	**67**	**33**	**0**	**68**	**31**
Total March 2012	**239**	**4**	**63**	**33**	**4**	**59**	**37**
Total March 2011	**237**	**3**	**90**	**7**	**9**	**87**	**4**
Total March 2010	**240**	**18**	**73**	**9**	**21**	**69**	**10**
Total March 2009	**182**	**10**	**84**	**6**	**11**	**85**	**4**
Total March 2008	**185**	**8**	**86**	**6**	**12**	**84**	**4**
Total March 2007	**160**	**2**	**89**	**9**	**9**	**87**	**4**